

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 01/24/2009

Address: 4782 N. 150 West

Case #: 52-46165

Fairland, In. 46176

County: 73

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☒ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open - No Structure
☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☐ Flammable Solvents: _____
☐ Water Reactive Metal (Lithium): _____
☒ Anhydrous Ammonia: open air
☐ Hydrochloric Acid Gas Generator(s): _____
☐ Corrosive Acid: _____
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☐ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: Fairland Fire

Fax: _____

Health Department: Shelbyville Health Dept.

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact:

Investigative Officer: M/Tro. Marcus Brown Phone 317 899 8575

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department
within 24 hours of scene processing.